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** CONTINUING DATA *****

None Itk

** FOREIGN APPLICATIONS *****

None Itk

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>Itk</i>				

ADDRESS

23535

TITLE

Noninvasive method to determine fat content of tissues using MRI

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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